Epidemiology and Prevention of Vaccine-Preventable Diseases

Atlanta, Georgia: Sheraton Buckhead Hotel April 3-4, 2002

(Please type or print your name as you wish it to appear on your name badge.)

First Name	Middle Name	Last Name		Degree(s)
Position/Title	Company/Organization			
Business Address		City Sta	ate Zip Code	Country
Telephone Number	Fax Num	ber	email Ad	dress
Occupational Specialty	(Epidemiologist, nurse	, physician etc.)		
Registration is \$69 the offices of The 1 time. NO EXCEPTI	Task Force for Chile	d Survival and Dev	velopment by	It must be received in 7 4:30 pm, Eastern
Task Force for Chi listed below. You m you paid by credit ca	Id Survival and Devaly fax your registrated your statement value force for Child Su	velopment (Tax ID ion form and paymowill show that your rrvival and Developr	58-1698648) ent information registration fed ment. Registr	cards payable to The and mail to the address n to 404-371-1087. If e was collected by our ation fees include coffee
Mail or FAX you Task Force for Child 750 Commerce Driv	Survival and Devel		Accounting	FAX 404-371-1087
Credit Card VISA Mas	sterCard	Number		
Expiration Date Signature_		Name as it appear	s on card	Print Clearly
Cancellation Po				

Special Requirements

If you have a special requirement (hearing or visually impaired, wheelchair accessibility etc.) or a condition that requires special assistance or accommodations, please indicate in the space provided on the registration form. We will call you to discuss your requirements. Sign Language services will be available if needed.